

# The Wraparound Process Curriculum

The Family Guide to Wraparound



# Table of Contents

## The Family Guide to Wraparound

Introduction	3
What is Wraparound?	6
Why Wraparound	10
Wraparound Values and Principles	13
Wraparound: An Overview	26
What Should I Expect to Happen in Wraparound?	28
Before Wraparound	28
INFORMATION AND DECISIONS	28
Preparing for Wraparound	29
LINKING UP WITH WRAPAROUND PEOPLE	29
ASSESSMENT	30
Wraparound planning starts	33
THE FIRST MEETING	33
LIFE DOMAINS, OUTCOMES, NEEDS & STRATEGIES	35
MORE CRISIS, SAFETY AND TRANSITION PLANNING	36
EVALUATION ACTIVITIES AND NEXT MEETINGS	37
Wraparound continues with ongoing meetings	38
OTHER MEETINGS	38
Wraparound ends	38
OUTCOMES ACHIEVED AND GRADUATION	38
People You Might Meet in Wraparound	39
FAQs	42
Closing	50
Citations	52

Note: In this guide, certain ways of doing Wraparound are identified as best practices for Wraparound and others as Wraparound variations. How they are described represents the author's opinion, which is based on years of experience as a mom, a clinician, a receptive listener and a Wraparound practitioner.

Community Partners, Inc.

# Introduction

Thank you for finding and reading this guide. We hope it's helpful to you and your family.

I wrote the guide for several reasons:

- I think it's important for families to know as much as they can about Wraparound. The fact is, Wraparound is not just one thing or one idea. It means different things to different people. I've tried to describe these differences so that families are aware of them and can make informed choices as they select service providers.
- Wraparound is hard to do for some professionals and some programs. To really deliver a family driven plan, professionals have to give up control of the planning process. This is a new idea for lots of service providers. Because of that, how people define and implement Wraparound sometimes starts to drift back into business as usual with a new name. When parents and other family members are aware of this problem, they can ask the people who help them and their children to move their services closer to the new practices and methods Wraparound represents.
- Another unavoidable truth in family serving systems is that some providers maintain high performance standards and others lower them. In this guide, we have tried to identify best practice Wraparound with the highest possible standards. We have also tried to describe Wraparound variations, some of which are perhaps just different ways of saying the same things. Others are unfortunately, real departures from what makes Wraparound, Wraparound. As noted in the table of contents, how the examples are presented is the opinion of the author, based on years of experience as a mom, a clinician, a receptive listener and a Wraparound practitioner.
- Because of these variations, I wrote this guide hoping to influence family members, service providers and other interested parties to protect Wraparound so it remains the unique resource it is for so many families. If Wraparound is compromised to make it easier to

implement – see bullet 2 above – there's every reason to believe it will be less effective.

- I also wrote this guide to describe Wraparound to families that are involved in courts and protective services and whose children are receiving services from juvenile justice systems. It's a real challenge to implement Wraparound when there are legal issues and court requirements involved but service providers in these systems all over North America are embracing the process. These families also deserve best practice Wraparound and the people who serve them deserve the chance to implement it.
- Finally, I wrote this guide because as they say, talk is cheap and Wraparound requires people to really change how they work with families, not just how they talk about that work. There are plans developed with and for families that are called Wraparound but they fall far short of best practice standards. A strength-based plan, for example, is supposed to be actually based on family members' specific, significant strengths. Just presenting family strengths at the beginning of Wraparound planning is a pale imitation of what the process should involve. It's important for everyone involved in Wraparound to require real change in how people are treated and what they actually get: respect, choices and real results.

We thank Pat Miles for writing *The Wraparound Process User's Guide: A Handbook for Families – A Product of the National Wraparound Initiative*, which inspired the creation of this guide.

Thanks also to the people who reviewed this guide and especially those who contributed their time, expertise, insight and passion:

Alice Preble, Annie Unpingco, Barbara Burns, Bill Jolly, BJ Cloud, Brad Norman, Bruce Kamradt, Carroll Lytch, Cheri Hartman, Chris Fox, Chuck Halligan, Connie Schnoes, Craig Bass, Darrell Evora, Dave Jolly, David Hafter, David Osher, Debbie Yip, Deloris Hamilton-Butler, Don Burge, Eastfield Ming Quong Youth Council, Eric Bruns, Gary Blau, George Montgomery, Gerry Rodriguez, Heidi Nelson, Ira Burnim, Ira Lourie, Janet

Walker, Jill Weise, John Franz, John Pierce, Karl Dennis, Kathleen Finnerty, Kathryn Szewczuk, Kathy Dennis, Kelly Crowley, Kim Todd, Lee LeGrice, Libby Cable, Lisa Benton, Loretta Chavez, Lyn Farr, Martha Kaufman, Mary Jo Meyers, Maryann Williams, Maureen McGlone, Melanie Swift, Michele Herman, Mike Epstein, Mona Gauthier, Narell Joyner, Pam Davis, Pat Miles, Paul Vincent, Rebecca Livingston, Rena Brown, Ron Taglienti, Sandy Ayres, Sue Smith, Susan Davis, Susanne Luebke, Ted Blevins, Trina Osher, Vera Pina and Vicki Warren

This guide is dedicated to my mother, Margaret Ann Grealish, who taught me more about family than anybody else.

Community Partners, Inc.

# What is Wraparound?

Wraparound is a family driven, strength-based, solution focused planning and problem solving process. It is individualized, which means that every family gets a unique plan that fits them and their beliefs and values, not the cookie cutter plan that everybody else gets. Strength-based means that Wraparound plans help you build on what is working in your life instead of focusing exclusively on what isn't. Family driven means that the plan is centered on you, your whole family and your choices. Wraparound helps families achieve important changes by helping them meet their unmet needs.

The main purpose of Wraparound is to help children and the adults around them have the kinds of lives they want to have or at least get closer to them. When there is failure in school, the Wraparound goal is success in school. When there is dangerous behavior, the Wraparound plan is to replace it with safe behavior. When there are no opportunities, Wraparound finds or creates them.

In other words, Wraparound offers practical compassion to people who need and want to improve their lives. The people who provide it help families organize what they need to achieve those improvements in a sensible way and bring the appropriate people together to help them do it.

How is Wraparound different from traditional services? Unfortunately, one of the traditions in family services is to treat everybody the same. In a traditional service model, professional service providers who are familiar with the kinds of changes people want to make and what they might need to make them create a program. But many parents have seen the following "treat everybody the same" programs over and over again:

- The group home where everybody is on the same point system that gives them or denies them the same privileges.
- The program that limits what is offered to meet one or two particular needs, often in the same way, for everybody in the



program.

- The residential treatment center that requires children to be there for a specific amount of time before they can see their families and friends, the same amount of time for everyone in the program, no matter what.
- The counseling or therapy program that gives everybody the same kind of counseling and therapy without considering what type best suits each one.
- The parent training program that teaches all the same parenting techniques to everybody who participates, no matter what their circumstances are.
- The drug treatment and rehabilitation program that kicks out participants who relapse despite the research and other evidence which indicates that anywhere from 70% - 90% of recovering people relapse in their first year of trying to stay clean.<sup>1</sup>
- The in home program that uses exclusively behavioral interventions, many of them the same for every family that participates.
- The program that lasts exactly the same amount of time for every family it serves, regardless of the complexity of their unmet needs.

Even though these programs are less successful than programs that treat each family as unique, almost all of the people who create them mean well. Many are skilled, smart and compassionate. But still, some of the programs work and others don't. Some of the program designers get it right and others don't.



Here's what happens in traditional, "treat everybody the same" programs:

People find out about a program and decide to try it.



**The Family**



**The Program**

2

No matter who goes into the program, the program stays the same. It either fits the family, which is great...



Or, it doesn't fit...



In traditional services, if your family doesn't fit in the program – the box – you go to another program.



You keep going from box to box until something fits or you take what they offer even if it doesn't fit. Hopefully it will work but it might not. That's the risk we take when what we offer people doesn't match who they are and what they need.

In Wraparound, the service providers don't design a program. They meet families...



...and design a unique, tailored plan to fit each one:



That makes it much more likely that the plan – and the program that helps you create it - will work.

## Why Wraparound



### The Parents (including everyone in a parenting role)

Parents turn to Wraparound for lots of different reasons. Some are concerned that something might be wrong with their child or at least different in a way that worries or bothers them. Others feel that their child presents challenges they weren't expecting. Like many other caregivers, the parents believe that their child represents blessings and opportunities that others may not see or appreciate. For all of them, despite their differences, most of the parents believe that there are issues with their child and that help is needed.

Sometimes parents see their child as out-of-control or think the child's behavior is dangerous or destructive. The child may be having problems at school. There may be incidents of stealing, assault, alcohol and drug abuse and unsafe sex. Still other parents watch their children spend time with the wrong kinds of friends or become part of gang-related or criminal activity. Some parents are just plain panicked because their children are harming themselves, starving themselves or even trying to end their lives.

### The Youth

Youth also come to Wraparound for different reasons. They sometimes feel like everybody is all over them, all the time, making a big deal about whatever they're doing. Lots of them want to be left alone and allowed to make their own decisions, no matter what those decisions are. Some of the youth are angry at nearly everybody they know.

Other young people are scared, lonely and feel like they don't have a chance to be happy. Some are bullied and some are bullies. Some are sad, socially isolated and feel like they don't fit in. They often blame themselves for everything bad that



happens to them. These youth are failing quietly and although they don't necessarily come to the attention of helpers, they may later because they begin to act out their pain.

Other young people come to Wraparound because they can't communicate or don't have good relationships with other people; many more struggle with life-altering disabilities and complex medical needs. Lots (if not all) of them want to have better days, better relationships and ways to really express themselves. They want to be optimistic and hope for a great future but they sometimes think that those things, for them, are forever out of reach.

### Whose fault is it?

When things get difficult for families, they sometimes sneak up on them and nobody knows exactly how or when things took a turn in the wrong direction. Other times, people feel like they know the exact moment things changed and their plans and hopes began to seem far away and difficult to achieve. Nobody knows whose fault it is or if it's anybody's fault, but parents and children sometimes blame themselves and sometimes blame each other.



Ideally, in best practice Wraparound, fault is not a relevant question and it isn't discussed. Assigning blame isn't helpful. It can short circuit useful discussions and impede problem solving.

### Wraparound and change

The common thing people who participate in Wraparound share is a need for change: they want something or someone to improve. They may not agree on who, what or how things should change, only that whatever is true right now and in the future needs to be different.

That's where most Wraparound really starts. Someone in the family, more often a parent but sometimes a child and sometimes both, needs some part of their situation to change. The change may be small or large. It may be about the child, the adult or both.



### Wraparound for children with complex healthcare needs

In other situations, families turn to Wraparound because they need help but what's available doesn't fit them or meet their real needs. Many deal with complex disabilities, complicated technology, medications and a wide variety of supportive equipment. These parents and children also want change. They want to live together in their homes but they want it to be safer and easier for them to do so. They want to participate in their communities and they'd like to be able to do it without service interruptions, long waits for the things they need and multiple bureaucratic nightmares. For them, Wraparound provides the structure

that turns little pieces of service into coordinated plans by creating and convening teams that include everybody who is helping out.

### Mandated Wraparound: When Wraparound is Required

Other times, Wraparound starts with people outside the family asking for and sometimes requiring the child, family or both to change in some way. The child may be at risk of being or was already kicked out of school. The child or the parent may have committed criminal offenses. There may be physical or emotional abuse, neglect or sexual abuse of the child or the child may be assaulting other people, including the parent. Sometimes these issues are triggered or influenced by mental illness, drug and alcohol abuse and addiction or disability in either the child or the adult.

Courts and community agencies have a legal obligation to protect the safety of children, parents and everybody around them. When people are not safe, courts can and usually will require both children and adults to make specific changes in how they act, how they live or both. They monitor whether or not the plans in place to produce the changes actually work. Court officials can force both children and adults to participate in Wraparound or other services and activities. These are usually called mandated services because court officials mandate, or require, people to participate in the services and the people who are required to participate will be in trouble if they don't.

This is fairly new to Wraparound, which started as an approach families sought out and chose. Many of these families were involved in mental health systems, usually because they wanted help for their children, not because they were required to get it. But Wraparound worked so well for so many families, the courts and other authorities adapted it to serve the families in their systems.

### Forced Choices

When court orders require that children and families participate in Wraparound, judges, social workers and other court staff may offer the family a choice between Wraparound and something else. This is sometimes called a forced choice: the child can either participate in Wraparound or be placed in residential treatment; the family does Wraparound or risks losing custody of their children.



Forced choices often don't feel like choices to the people who have to make them. It's not the very best way to enter Wraparound but the process usually still works if done correctly.

There are lots of paths to Wraparound and as many different reasons people turn to it as there are paths. It's a flexible process used in lots of different ways. If you decide to try Wraparound, keep reading, make sure to remember your questions (if your memory works!) or jot down any questions you have, and make sure to get answers that satisfy you.

## Wraparound Values and Principles

Wraparound operates from a set of defined values and principles. These values tell you what you should be able to expect from Wraparound. They apply to how you and your family are treated and what you are offered. Keep them in mind and don't be afraid to speak up for yourself or your child if you don't get what these values promise.

As you get into Wraparound, please remember that some people are good at their jobs and others aren't. This is just as true in Wraparound as it is in every job. Remember also that Wraparound means lots of different things to different people, in different areas. In this guide we'll use the term best practice Wraparound to indicate that it's delivered at the highest possible level of excellence.

Wraparound is only best practice Wraparound when it is:

**Respectful and Supportive:** One of the most basic elements of Wraparound is the way everybody who participates – adults and children – are seen and even more important, treated. Blame and shame have no place in the process. There aren't any one up/one down attitudes.

In Wraparound, practitioners focus on how families want their lives to be. They do so with the realization that every family ultimately faces loss, the potential of disability and the need for outside assistance from time to time. The people who need Wraparound are just as deserving of respect and just as worthy as the people who provide it. Their hopes, not the providers', are the main agenda.

Many children and families get excited about Wraparound quickly because they select and guide their teams and because goals and strategies aren't chosen without their input. They are able to tell their stories and not judged. The professionals don't create the plan for them based on their own opinions; the family and the team create it instead.

**Compassionate:** Compassion does not mean that people feel sorry for you. It means that they are aware of your hurt or your struggle and they want to help you make things better. The people who help you with your Wraparound plan are absolutely expected to treat you and your family with compassion all the time, no matter what.



**Individualized:** This is a tough one to explain since service and treatment plans are always called individualized even when they are all exactly the same. In Wraparound, your plan really is individualized. If talking to your child's best friend calms her down, then her plan will include that. If your child's music does it, fine, that's the plan. Will a chance to pray help you make a good decision? Okay, Wraparound makes sure there's a chance for you to do just that even if that strategy isn't in anybody else's plan.

If you want to work, your plan helps you get a decent job even if nobody else's plan does. Some Wraparound plans will help children and parents make new friends. Others will help them get away from old friends. It will always depend on your situation and your needs.

Bottom line: if it feels like it really truly fits, it's individualized. If it doesn't, let someone know.

**Family/Child Driven:** Parents and caregivers, in best practice Wraparound, the plan is about you and your family. Make sure your children know that the whole process is about their lives. Their participation is important. Make sure they have whatever help they need to speak up.

Your Wraparound plan will be designed to help everybody in your family who needs help, not just one or two family members. It will focus on all of you, how you want things to be in each of your lives and what each of you needs to get there.

In some programs and in some areas, Wraparound is described as family centered<sup>3</sup> rather than family driven. This may be just a different word choice or it may mean that the plan is about the family but family members



don't control it. In other areas, Wraparound is described as team based<sup>4</sup> or team driven.<sup>5</sup> Exactly what that means varies from place to place but it can mean that the team controls the plan instead of the parents, the caregivers and the child. Families are advised to pay attention to what they are offered and how it is delivered. If it seems like you're not

driving the plan, advocacy (i.e., sticking up for your child, yourself and your family) may be helpful.

It may also be that you, your child or other family members have made serious mistakes (or are accused of having done so) and courts drive your plan, at least a little and sometimes a lot, for now.

**Strength-based:** This Wraparound principle is very closely tied to the idea that Wraparound is focused on individualized planning. It's not easy to design strength-based plans but plans based on weaknesses don't work nearly as well.

The idea here is to build on what children are good at or value a lot. If a child has an anxiety problem and a favorite teacher, maybe the favorite teacher can help the child manage the anxiety.

In some areas, the idea that Wraparound plans are based on strengths means that people will talk about your family's strengths but the strengths won't be part of your plan. This is not best practice Wraparound. Parents are advised to keep your standards very high in this area, because strength-based strategies are more comfortable, interesting and effective for both children and adults.

The following examples may help you better understand part of what you'll get in your family's strength-based Wraparound plan. Remember, please, that these examples are presented only to illustrate exactly what a strength-based strategy is. They are small but important parts of Wraparound plans which generally contain lots of other practical strategies to help families get things done, including psychiatric, psychological and other assessments, medication, social coaching, opportunities for therapeutic communication and more.

**Situation:** Marco, 15 years old, is at risk for gang involvement. He's already been arrested twice.

- *What will be different (the outcome):* Marco will not



- participate in or get arrested for gang-related or other illegal activities.
- *Needs:* To connect what he currently does with potential good and bad consequences.
  - *Strength:* He loves rap and hip hop music.
  - *Strategy:* With an adult mentor, he's researching the history of hip hop, particularly the untimely and as yet unsolved murders of Tupac Shakur and Biggie Smalls in light of the East Coast/West Coast rap conflict, exploring unnecessary hostilities and tragic results. Marco is also learning from the truce between Nasir Jones and Jay-Z and what their joint concert meant about peace and forgiveness.

**Situation:** Alan, a broken hearted dad, whose drink of choice was always Diet Coke, attempted suicide using pills and Jack Daniels, when his wife left him for her 19 year old lover, whose child she is carrying. She has moved out, leaving their three sons, one of whom has significant disabilities.

- *What will be different (the outcome):* Alan will remain alive (no suicide threats, gestures or attempts).
- *Needs:* Safe ways to feel tough emotions and never cry in front of his wife; exercise, chances to be around happier people.
- *Strength:* Alan loves country western music.
- *Strategies:* When his boys watch DVDs and play games, Alan listens to Gary Allan singing "Songs About Rain," Joe Nichols singing "Brokenheartsville" and other sad songs, privately in his room, so that he cries at home and not in front of his wife. Alan also goes to country western line dancing classes at a community center where the male/female ratio<sup>6</sup> of dancers is 1/5.



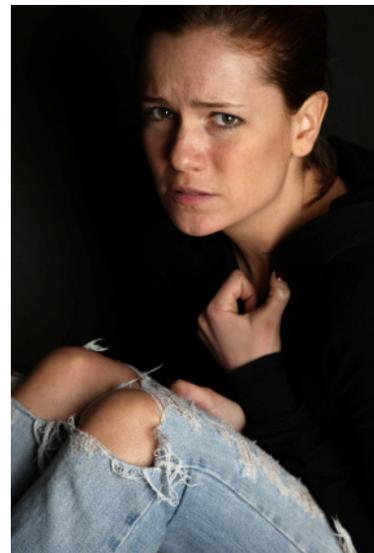
**Situation:** Lupe, a lonely 8-year-old girl who has low self esteem, sees herself as very much an outsider.

- *What will be different (the outcomes):* Lupe will name at least 20 things about herself that are good, cool or valuable. Lupe will have at least one friend.
- *Needs:* To see her strengths clearly; to effectively evaluate potential candidates for friendship
- *Strength:* The one thing sure to engage her interest is the Harry Potter series. Lupe actually glows when she tells the stories to her parents and barely looks up when she reads the books – over and over again.
- *Strategies:* With adult help, Lupe is thinking and talking about how the things that made Harry different also made him special; how some ignored him and put him down because of that difference while others admired him for it. She is also paying close attention to who Harry picked for friends and writing about what she learns from that in her journal.<sup>7</sup>



**Situation:** Tammy lost custody of her daughters due to neglect triggered by addiction. She's clean for five weeks but still feels very shaky and wants to smoke crack multiple times every day.

- *What will be different (the outcome):* Tammy will be clean and sober.
- *Needs:* Support and tools to stop using drugs
- *Strength:* Tammy is a Christian. The prophet Daniel is her Biblical hero and her deceased mom is her life hero.
- *Strategies:* With Wraparound help, Tammy will make Bible quote cards with her favorite words from the book of Daniel on one side and her mom's name and the words "Tammy, think about it" on the other. She carries the laminated cards with her and reads them when she needs to.



**Situation:** Shawn, 16 years old, beat up his mom several times and then his 14 year-old girlfriend. He was court ordered to a program for violent young men and is due to return home soon.

- *What will be different (the outcomes):* Shawn will not harm or threaten anyone.
- *Needs:* A personal moral code that stops him from acting out; effective ways to manage anger and other strong emotions.
- *Strength:* Shawn loves everything about the military. He's also good at sports.
- *Strategies:* Shawn will, with adult supervision, research (online, films, etc.) the codes of conduct from the armed services and the military academies and develop his own written, personal code of conduct. He will use a boot camp style exercise plan when he feels angry and when he thinks his self control is slipping.



**Situation:** Laila, 13 years old, sometimes refuses to go to school. Other days, she seems upbeat and she goes but gets in trouble for talking back and starting fights with other young people, for which she has been repeatedly sent home or suspended.

- *What will be different (the outcomes):* Laila will regularly go to school and stay there all day without being sent home or suspended.
- *Needs:* Motivation to control her behavior and a back up plan for when she can't.
- *Strength:* Laila loves everything about horses, especially riding them and caring for them but also talking about them to the school secretary, another horse woman.
- *Strategies:* Laila's Individualized Education Plan (IEP) will schedule her to study something horse related



several times per day (read the Horse Whisperer by Nicholas Evans and write an essay about horses and healing; make timelines about the role of horses in the cultures and historical events she's studying, etc.). When she feels emotional, she'll signal an adult and go to the school office to talk with the secretary.

These are strength-based strategies. They work because they help people find ways to build on what they already have going for them.

**Culturally Competent:** This one's simple to understand. In best practice Wraparound, plans match your faith, your culture and your values. You may be asked to teach the people who help you with your plan about your beliefs and traditions so that they really understand you and your family and what's important to you.

In some areas, the word competent has been replaced with the word sensitive as in culturally sensitive.<sup>8</sup> This may be nothing more than a new term. It may, however, mean that high standards of cultural competence have been compromised. Competent means qualified and of adequate ability while sensitive means nothing more than receptive or aware.<sup>9</sup> Stated another way, cultural sensitivity means people know what to do as it relates to family cultures and competence means doing it, even celebrating it.<sup>10</sup>

**Unconditional:** In lots of programs, if the children (or adults) who need services act up or do something wrong, they are kicked out of the program that's supposed to help them. In other words, if the plan doesn't work, it's over. Still others are not served because the programs available to families refuse to include them. In best practice Wraparound, if the plan doesn't work, the plan is changed and changed again until it works and helpers work with the families that need them most. A saying many people have used to describe unconditional care puts it like this: "No reject, no eject."<sup>11</sup> No reject means that families are not excluded from Wraparound



because their needs are complex or their circumstances challenging. No ejection means families aren't kicked out of Wraparound when there's a problem.

This doesn't mean there are no consequences for wrong actions. If children (or adults) break the law, for example, they are not "protected" by Wraparound. They take their punishment and if at all possible, Wraparound continues.

In some programs, the principle of unconditional care has been replaced with the principle of persistence.<sup>12</sup> This may be a new word that describes unconditional care or it may mean that helpers will stick with you and your child only until certain limits are reached. Another criterion that's been suggested for deciding when to end a family's Wraparound process is team consensus.<sup>13</sup> This means that the majority of people on the team vote or otherwise agree to discontinue planning. Families are advised to ask about those limits and pay attention to how the limits may affect them. For most families, unconditional care remains the best chance they have to achieve good results and both persistence and consensus can mean a lot of things.

**Team developed and supported:** How Wraparound teams are constructed varies from program to program.

A unique Wraparound team is developed for each child and family. The teams include both service providers and people like friends, relatives, AA sponsors, volunteer mentors and others. The teams are all different because they are built to match each family. The intention is to bring together what each team member can offer to the family. The purpose of Wraparound teams is to help develop and carry out Wraparound plans.



If you are required to participate in Wraparound by courts or other authorities, you may be required to include service providers and other

professionals on your team even if you would rather not, depending on where you live.

**Outcome focused, results oriented:** Families enter Wraparound to improve their lives. That's the change they're looking for. The specifics of it vary widely from family to family. In the human service field, those changes are sometimes called outcomes and they are the driving force for the whole process, from beginning to end.<sup>14</sup> They are also called mission<sup>15</sup> or vision statements, goals, accomplishments and sometimes, requirements (in mandated Wraparound).

In best practice Wraparound, parents are asked to think (and get their families thinking) about exactly how you want your lives to be better. The team that helps you develop your family's Wraparound plan will help you state these pictures of a better life as outcomes (think specific results).

Then you and the team will figure out how to measure your child's and your family's progress on achieving the changes (outcomes) in the plan. After that, the discussion moves on to focus on what you and your family need to make those changes. Ideally, though, outcomes – or the vision that defines them – are the central point of focus throughout Wraparound planning.



**Needs driven:** “What do you need?” has long been called the Wraparound question. It's important, though, to be clear that government and other workers who are paid by taxpayers don't normally identify a group of people and meet all of their needs on an ongoing basis. Even those who qualify for long term services are able to meet only their most basic needs. Those who qualify for time limited help receive just that. There are likely to be limits to what you and your family can expect from Wraparound when it comes to meeting your needs. When you are aware of those limits, you can prioritize and make the most of the resources available to you. Make sure everybody involved knows that you don't want to be surprised about funding or time limits when it comes to meeting your family's needs.

The second important thing to know about Wraparound and needs is that the word “need” doesn't mean “service.” Services are often used to meet

needs but for Wraparound to work right, actual needs must be defined before services are put in place to meet them.

Consider this example: “She needs therapy.” This is a service statement, not a need statement, even though the word *needs* is used. Once the need is changed into a service, you have a yes/no choice: she either goes or she doesn’t. If instead the statement is “She needs a completely trusted person to talk to who has insight and can help her see how she gets herself into the same situation over and over again” there are choices. Therapy remains a possible strategy to meet the more specifically defined needs. So does a faith-based intervention, increased contact with a dear friend or relative or maybe a support group. Stating needs instead of services is an important part of making sure people have choices.



The third important thing to understand about your Wraparound plan and needs is how people in your area are implementing Wraparound. In best practice Wraparound, consumer and family needs are approved, funded and met until the outcomes – changes – identified at the beginning are achieved (with some “wobble room” to add key things that were left out or discovered along the way).<sup>16</sup> In some Wraparound variations, a variety of ways to decide when enough of your family’s needs have been met are used, including how much time has passed, how much money has been spent and consensus among the team members (i.e., agreement among most of them) that a formal Wraparound process is no longer needed.<sup>17</sup>

**Flexible and Flexibly Funded:** If the process and the plan aren’t flexible, it isn’t best practice Wraparound. Flexible funds are one of the tools used to make sure your family’s plan is flexible. They are especially handy when what your family needs is not offered by government and community agencies. Exactly how much funding is made flexible for families to use varies widely from state to state. In some states flexible funds are very limited and in others, more readily available.

Returning to the example of therapy in the discussion of how Wraparound helps people meet their needs, if what you choose to meet your need is therapy, for many people, insurance or Employee Assistance Programs will pay for it. For others, government funding sources and sliding fee scales are available as are other community options. But for some people, children and adults, even if they need therapy to make the changes they have in mind, if there's no way to pay for it, they don't get the therapy.

If funds are flexible, nobody should be in a big hurry to spend them. If what you really want is therapy, the people who work with you will try to get you therapy that's already paid for. But if that doesn't work, you get the therapy anyway. Not only that, the flexible money should be available to help pay for the other options in the example: a faith-based intervention, increased contact with a dear relative or friend or a support group and expenses like child care and even transportation if that helps you get the therapy you need – whatever kind fits you best – to improve your life.



Flexible funds help people get what they really need, not just what's out there. They are an important part of Wraparound. Still, both the amount and the actual flexibility of the funds is different from one place to another. When a moderate amount of money is available to pay for strategies that are created by Wraparound teams and documented on Wraparound plans, the process is easier to implement.

**Normalized:** This is a made up word to remind the people who help design Wraparound plans that children will be children and that parents are not TV characters. That way, people remember that children can be annoying, siblings fight, young people may make questionable decisions and parents have been known to raise their voices. This is important because in the past, planning processes for families that needed services sometimes set goals that were not realistic.

In other words, in your Wraparound plan, you and your family get to be normal in terms of your values and customs and the norms for people in your community who are doing okay. If the helpers on your team suggest goals like:

- John, age 8, will stop fidgeting in school
- The parents will always speak quietly to their children
- Jane, age 13, will be kind and polite to Joan, her 12 year old sister and her mom.

they may need a reminder that Wraparound is normalized.

**Community-based:** Whenever possible, both children and adults have the right to be part of their neighborhoods. They deserve educational and work



opportunities, chances to worship and express themselves and much more. The sort of thinking that kept people in institutions or other places far from their homes has been discredited. If you and your family want to remain together in your community, as long as you're on the right side of the law, you are entitled to. Don't give that up easily.

## Before Wraparound

## Preparing for Wraparound

### INFORMATION AND DECISIONS

#### Voluntary

Find out about Wrap

#### Mandated

Told about/sent to Wrap

Referral and eligibility decision

Sometimes families meet with Evaluators next and again as the process continues (see pgs. 29 & 39)

### LINKING UP WITH WRAP PEOPLE

### FIRST MEETING →

#### ASSESSMENT

#### Strengths

- Faith
- Values
- Culture
- Customs
- Coping skills
- Best traits
- Preferred activities
- Celebrations & holidays
- Films, music, books
- Stories & legends

#### Relationships

- Favorite people
- Sources of comfort
- Helpers, now and in the past
- Heroes

**Team selected**  
So that all helpers are part of one, coordinated plan.

#### Possible crises & safety risks

- Potential impending crises?
- Current safety risks?
- Big changes ahead?

**Strength-based, individualized crisis, safety & transition plans**

### Wraparound planning starts

### Wraparound continues with ongoing meetings

### Wraparound ends

#### FIRST MEETING

- Introductions
- Ground rules
- Presentation of your strengths (like faith, favorite activities & preferred relationships)



- Which areas of your life are OK?
- Which areas do you want to change?
- Which areas are you required to change?



## What Should I Expect to Happen in Wraparound?

How it starts depends on whether you have decided to participate in Wraparound or are required to participate:

\* Please Note: This list of steps, like most, can only give you an idea about what to expect in your Wraparound plan. What actually happens depends on where you live, who provides your help and your circumstances, especially when you get started, along with a number of other factors. Parents are advised to pay attention to what happens and speak up if you're uncomfortable about anything.

### Before Wraparound

#### INFORMATION AND DECISIONS

##### Voluntary Wraparound

- You hear about Wraparound somewhere: other parents, online, school, local resource people
- If it sounds interesting or like it might fit you and your family, you find out more by following up on what you've learned and by finding additional sources of information
- If you're interested you usually give someone some basic information about you and your family, by phone, email, surveys or whatever (this may happen more than once)
- They (who it is varies) tell you if you're eligible to be in Wraparound or what you'll need to become eligible.
- You decide if you'll try it and let people know what you have decided.

##### Mandated Wraparound

- You or your family are required to be involved with courts and agencies that are part of the government because of what is going on (or what they think is going on) in your lives.
- You and your family have to go to court or are required to attend an official meeting of some kind
- Professionals from a variety of backgrounds talk about what they *think is going on* with you and your family and what they think *should happen instead*
- The authorities tell you what you and your family are required to do next or you are offered a forced choice between limited options and you choose Wraparound.

## Preparing for Wraparound

### LINKING UP WITH WRAPAROUND PEOPLE

What happens next is pretty much the same for everybody who participates, voluntarily or not:

- They (who exactly varies) assign a person to start your Wraparound process and that person will get in touch with you and make an appointment to meet you. Sometimes, more than one person is assigned to you. They may be each others' back up or their roles may be different. They're supposed to fill you in on who does what. The Wraparound person may be called a facilitator, social worker, court counselor, case manager, family specialist, parent partner, family liaison or any other of a number of titles. (The title *Facilitator* will be used throughout the rest of this document.)



Note: In some places, you'll have a meeting with an evaluator, probably before you meet the people assigned to help you develop your family's Wraparound plan. Evaluators are not in Wraparound. Their responsibility is to measure how well or poorly Wraparound is working. To do that, they have to talk to you before Wraparound starts. You'll be asked to talk to them again from time to time. Evaluators don't tell people what they hear in these conversations. What you say is counted and added to what other people have said but it is always anonymous. Your participation in evaluation helps improve Wraparound for you, your family and everybody else involved.

- Next, the Wraparound Facilitator comes (usually) to meet you and your child and as many others as you wish to include. Here are some of the things that may happen at that meeting:
  - The Facilitator will explain Wraparound in more detail and answer your questions (very likely)
  - You will be asked to sign forms (extremely likely) about who the people helping you can talk to and what records they will be allowed to read (medical files, school records, assessments, evaluations and court reports). This will hopefully be the last time you sign forms but don't count on it.

## ASSESSMENT

### Strengths and Relationships

- You will participate in a strengths assessment with the Facilitator or the helper who is visiting you (likely) or at least begin one (very likely). This works best when your children and the people close to you participate but that's your choice unless the authorities require otherwise.
- This is often a good experience for families. The main point of this particular assessment is to learn about what you believe, what you like to do, how you cope, who you love, what you celebrate, what you hope for and what's important to you and your family. It can be a little tough to talk about your strengths, especially if you're stressed or concerned about things. Some people even feel a little shy. It's important information for your plan so it's advisable to do your best and help your children do their best to answer the questions in your strengths assessment.
- During the same conversation, you will be asked about who you want to include in your Wraparound team (extremely likely). Again, it's your choice unless the courts say you have to include certain people (probation officer or protective services worker, for example). This group of people will help you develop and implement your Wraparound plan. You should suggest anybody you think could be helpful. You should also be allowed to refuse certain people, but there are exceptions (like the people described above, if you are in mandated services or under a court order).

If you are not comfortable with the idea of having a team, you are not alone.

It's a newer idea in human services and people aren't used to it yet. Make sure the Facilitator and the other people around you know how you feel. You (usually) have the right to refuse the team if you are strongly against it.



Still, it's considered an important part of Wraparound and there are good reasons for that. The team allows the help you and your family receive to be coordinated and easier to arrange. It's also a useful way to bring needed resource people together and it allows participants to share the work that is part of your plan.

- You will be asked (very likely) if you and your family are currently in crisis and whether or not you are all safe. If there is a safety risk of any kind, the Facilitator (and the other people who are working with you) will help you develop a safety plan. If you are in crisis or consider a crisis likely in the immediate future, the Facilitator will help you develop a crisis plan. Many times, big changes in your and your family's life trigger these crises. If that's true for your family, the Facilitator will help you develop a transition plan to help you ease the stress of change.

Crisis, safety and transition plans (and sometimes all three) are important first steps in Wraparound. They're so important, you should speak up right away if your helpers leave them out.

Remember that they are just that, though – first steps. Expect to build on your plans for crises, risks and change as you and your family and the people who are working with you get to know each other. Remember, throughout Wraparound planning, you are always encouraged to bring up risks you or any member of your family may face.



What happens next depends on the program you're working with or on how Wraparound is done in your area. Generally, though, if you or anyone in your family have made mistakes that courts and other government agencies are in charge of, you will have fewer choices. This is true even if you don't think you should have to report to the authorities. If no one in your family is in trouble, you'll have more choices.

As previously noted, in this guide, certain ways of doing Wraparound are identified as best practices for Wraparound and others as Wraparound variations. How they are described represents the author's opinion, which

is based on years of experience as a mom, a clinician, a receptive listener and a Wraparound practitioner.

<b>Best Practice Wraparound</b>	<b>Wraparound Variations</b>
<p>In some programs, you pick the initial team and start out with them. The team develops over the first 12 weeks or so. More people join when your developing plan includes them and what they do. For example, if it turns out that your plan includes a mentor for your child and a job coach for you, both the mentor and the job coach may join your Wraparound team. They also may not. Two months after you begin, you and your team (or just you) may decide that a family member needs a special type of support. When that happens, the person who provides the support is usually invited to be part of the team. By then, you may not need a job coach anymore so the job coach leaves the team. In best practice Wraparound, every team is different and every team changes over time.</p>	<p>In some programs, picking your team is sort of like saying “okay” to a list of people the professionals suggest. It may be the only team you get. That’s one of the ways Wraparound is offered, even though it’s not exactly Wraparound.</p>
<p>In some programs, people are considered team members if they participate in the meeting by giving their ideas to somebody who is there, being on a cell phone speaker or by any other means. Similarly, they are team members if they do something in the plan so the emailing relative who lives 2000 miles away is a team member. So is your best friend who participates electronically because she’s stuck in bed with severe Multiple Sclerosis.<sup>18</sup></p>	<p>In some programs, only the people who attend meetings are counted as team members<sup>19</sup></p>
<p>In some programs, the assessment conversation you have when you first meet your helpers will allow you to select and eliminate Life Domain areas earlier in the process. You may also begin to describe how you’d like things to improve in Life Domain areas (we’re coming to that) that are important to you and what you think you’ll need to achieve those improvements.</p>	<p>In some programs, the planning occurs at the first team meeting and the ones that follow. Life Domains are selected and eliminated at the first meeting</p>

## Life Domain Areas

Life Domains are words that help you remember the parts of your and your family's life that you want to change and improve. There are lots of them and they are different in different programs. A few examples of Life Domains:

Safety  
Place to Live  
Emotional/Psychological  
Education

Spiritual  
Health  
Behavior  
Work

Family  
Culture  
Legal  
Social

As mentioned previously, you choose among these – and more – as the areas in which you'd like to see improvement.

## Wraparound planning starts

### THE FIRST MEETING



- The first meeting is scheduled at a time that works for you and your family and for as many of the other people who are invited as possible, in a place you find reasonably comfortable. In most areas, you can have the meeting in your home if you like. If you do, try not to treat it like an opportunity to conduct the cleaning of the century. Everyone you identified (or who was included because of external requirements) is invited to the meeting.
- The meeting typically begins with introductions that include why each person came, along with their names and when they are relevant, titles. Sometimes the Facilitator also briefly describes Wraparound. More frequently, the Facilitator has already described Wraparound to everybody at the meeting over the phone or via email when they were invited to come.

Note: Facilitators are usually trained and required to run efficient meetings. They will make every effort to keep things moving along. Plan for a meeting that lasts about an hour and a half. You will be able to work on your plan further after the meeting and at the meetings that follow.

- Some Facilitators propose ground rules – what people are and are not allowed to do at the meeting (like keep private matters private or be constructive instead of critical). Sometimes, other participants suggest ground rules when someone’s behavior bothers them (like no swearing, yelling or name calling). There are times when team members do both: set upfront rules and add rules that become necessary because of something someone does at a meeting.
- Next, your and your family’s strengths are presented to the group and whatever else was learned during your strength assessment. This is an important step. It’s the only way the people on your team will know you for yourself, not just your difficulties. Make sure that what is said is accurate and important. If you are said to enjoy TV and to have a lovely smile, congratulations but more specific descriptions about what’s really important to you are needed.

There are several ways to present strengths – just the Facilitator presents, other participants add their ideas about your strengths, or you can present your strengths yourself. It’s okay to feel a little embarrassed during this. A lot of people do. It usually takes at least 5 and not more than 10 minutes to describe your and your family’s strengths, unless you have a large family.



## LIFE DOMAINS, OUTCOMES, NEEDS & STRATEGIES

### Program Differences, continued

#### Outcome, Mission and Vision Statements

<b>Best Practice Wraparound</b>	<b>Wraparound Variations</b>
<p>In some programs, you and the people on your team will review the life domain areas you selected or add to them. For each life domain area selected, the group helps you come up with outcome statements that specifically describe the changes and improvements you want for yourself and your family in each area and how progress and success on each of them will be measured.<sup>20</sup></p>	<p>In some programs, you'll work with the people on your team to create a vision statement. **                      Vision statements define optimistic views of where your family wants to be in the future. **</p> <p>In other programs, a mission statement is created instead. A mission statement defines where the person or family is going now and describes the purpose of the team.<sup>21</sup></p> <p>Both vision and mission statements tend to be general but are not always so.</p>

\*\* Note: There's no way to be sure that vision statements are better than outcome statements or that outcome statements are better than mission statements and vice versa. Sometimes vision and mission statements are specific and measurable and sometimes outcome statements are optimistic views of the future or are focused on where the family is going. The important thing is that you know what is supposed to be accomplished for you and your family, that it's stated clearly and that you can tell if the improvements (outcomes) are being achieved.

#### Needs

- After that's done, most Wraparound teams discuss what you and your family need to achieve the outcomes, move closer to the vision or fulfill the mission. It's important that the team focuses on actual needs as in "he needs safe friends" or "she needs to make better decisions" or "they need a way to disagree without yelling or hitting". What you don't want is "he needs peer to peer support," "she needs parenting classes" or "they need family therapy." These are service statements and strategies. The best way to make sure that the plan will be individualized is to state needs as needs and then move to strategies.



## Strategies

- Strategies (or whatever they are called where you live) are the plans you put together to meet the needs defined in the last step. They are mostly action oriented, involving exactly what each team member is going to do after the meeting and before the next one. Some will be collecting insights and information, others contacting resource people and doing all sorts of things that get you and your family closer to how you want things to be. Volunteer to do what you feel able to do and feel free to ask others to help you if you need it.

### **MORE CRISIS, SAFETY AND TRANSITION PLANNING**

- Next, you and the team will talk about any crises, safety risks and changes you and your family face. It won't happen at every meeting but it should continue until you feel prepared for any bad things you think might happen.

This is a little different from the first discussion of risks and how you and your family and the people around you planned to respond to them at the very beginning of Wraparound. It's more comprehensive and specific and you have the benefit (hopefully) of assistance from the people on your team.

It's not unusual for crisis and transition plans to be changed after people



try them out. Most teams talk about what worked and what didn't after a plan is used for the first time. Team members work together to fix whatever didn't work. You may not have the best possible crisis or transition plan until several have been tried and adjusted to really fit your situation.

Safety plans are – or should be – very carefully designed. They are used most often when there are problems like assault, fire setting, suicide, sexual assault or any other dangerous behaviors. They are supposed to be conservative, which in this instance means that they

deal with risks like they are expected to happen rather than likely to happen.

## EVALUATION ACTIVITIES AND NEXT MEETINGS

Now you are at the end of the first Wraparound meeting. Hopefully, everybody knows what they are supposed to do between now and the next meeting. Facilitators almost always schedule the next meeting at this point. Some schedule several meetings and many create phone, text or email “trees” so that meetings can be scheduled quickly to deal with emerging problems and cancelled when they are not needed. Remember, though, a lot of the real work of Wraparound goes on between meetings.

### Evaluating your Wraparound Meetings

Wraparound is evaluated – that is, checked to see if it’s working or not – in several different ways. It is frequently evaluated at the end of the first and sometimes at later meetings as well. You may be asked to give your opinion on what happened at the meeting and on how you and your family were treated. Someone may ask you questions or you may be asked to complete a questionnaire. You may be asked to participate in interviews at intervals throughout your Wraparound plan.

These evaluation and other research activities are not your personal responsibility nor should they be. If you don’t want to participate, refuse. In most Wraparound programs, your decision will be respected. Please keep in mind, though, that the evaluation work is vitally important. Consumers and families have a real opportunity to make a contribution to all of the other people who rely on Wraparound as well as influencing the people and the programs they are working with in a positive way. In most programs, people try hard to keep evaluation and research as painless as possible.



As your Wraparound plan continues, there will be other meetings. In some places, meetings happen every month; in others, twice a month. In best practice Wraparound, teams meet whenever they decide to meet so each team’s schedule is different.

## **Wraparound continues with ongoing meetings**

### **OTHER MEETINGS**

When crises or other difficult events occur, Wraparound teams meet on an emergency basis even if the meeting is on the phone at first. When crisis plans are in place, teams often meet after a crisis to adjust or fix the plan. This continues until crisis events stop, get shorter, less frequent or less intense.<sup>22</sup>

In best practice Wraparound, planning continues until you and your family achieve the changes you defined (or the changes you were required to make) when the process began. In Wraparound variations, as noted previously, the process ends when the team agrees that it should end<sup>25</sup>, when a certain amount of time has passed or when a certain amount of money has been spent.



### **Wraparound ends**

#### **OUTCOMES ACHIEVED & GRADUATION**

As things improve and you and your family achieve the changes you set out to achieve, you should be talking with your team about how and when you'll graduate. Like everything else in Wraparound, graduation works best when it is planned and the resources you need to maintain your achievements are in place. If you want to do extra crisis or safety planning, let your team know. Graduation is a positive change, but it's still a change so feel free to ask for what you and your family need. Feel equally free to ask how to reconnect with Wraparound if you think you need it in the future.

## People You Might Meet in Wraparound

### **Evaluators**

Evaluators don't participate in Wraparound; they help measure it. Talking to parents and family members is one of the most important ways to evaluate how well or poorly Wraparound works.

Some Evaluators are parents, some are students and some are university professors. Whatever their backgrounds, Evaluators are trained to help you express your opinions honestly about things that matter, to observe Wraparound meetings and to help measure how well your family's Wraparound plan is working.

You will usually meet Evaluators before you meet Wraparound people and you'll see them again as the process continues.

Evaluators don't repeat what they learn from and about families. They don't name particular families or quote what families tell them. Instead, they put all the information they collect together to see how things are going in general.

### **Facilitators/Coordinators: The People Who Lead the Planning**

Note: Other terms are used to describe this role and the actual job differs from one program to another. If it's not clear to you who does what, ask.

To facilitate a thing is to make it easier and to coordinate a thing is to keep it working smoothly which is why these titles are used in so many communities. Facilitators/Coordinators often do the following:

- Assess strengths, priority outcomes and needs
- Help develop safety, crisis and transition plans
- Develop Wraparound teams
- Manage meetings
- Participate in plans
- Follow up on what's planned
- Make sure key documents are completed and that they're where they're supposed to be
- Get plans and funding for them approved



Sometimes the Facilitator just runs the meetings and other staff do the rest. Other times, Facilitators handle every aspect of Wraparound because they are the only staff assigned.

Facilitators/Coordinators are usually college graduates and many have advanced degrees. This may mean that they're smart and that they know what they're doing but it's not a guarantee.

### **Family Specialists: The People Who Help With the Plan**

Some Wraparound programs have staff, often called Family Specialists, who are available to help fill out developing teams and to keep the process moving forward efficiently. The best of them are very flexible; prepared to do whatever each family's plan requires. They often coach parents who haven't participated in Wraparound before and make sure that family members are treated with respect and compassion. Family Specialists work with families on everything from helping them meet their most basic needs to making friends, getting jobs and working with their children's behavior.

Using Family Specialists to round out Wraparound teams can be expensive but the programs that rely on them are able to get teams and plans in place quickly which tends to produce results more immediately than other methods. Family Specialists often have close relationships with parents and children. Because of that, it's important for families to remember that although they care about the families they serve, Family Specialists are not friends. At some point, they will have to move on to serve other families.

### **Advocates: The People Who Stick Up for Families**

Sometimes Advocates do the same things as Family Specialists. In most programs though, staff are called Advocates because they help children and families get through whatever they're dealing with: school planning meetings, court, decisions about what gets paid for or what type of help and support families get and more.



Anybody who has the right training and experience can be an Advocate but circumstances dictate what type of Advocate families need. Sometimes, a parent of a child like yours is trained to assist; other times, only a lawyer can help.

In other programs, Advocates have more general roles. They help, directly, and also stick up for people who are trying to make important changes in their lives.

### **Parent Partners/Family Liaisons: The People Who Are There for the Parent and the Family**

More and more programs now hire parents, grandparents and other family members of children who use or have used services to connect with the families of children currently in Wraparound. What they do varies from program to program. They may serve as sounding boards or informal counselors or help in assessment and planning. Typically, they focus mainly on supporting and assisting parents but their roles may change to focus on helping children if that makes the plan work better.

One of the main purposes of this role, whatever the title, is to remember and remind others what it feels like to have a child who needs help. Parent Partners provide both insight and comfort; compassion and practical advice. They make sure that families are treated respectfully and that helpers address real family issues.

### **Youth Coordinators: The People Who Are There for the Children**

The role of Youth Coordinator is a new one and it has been very well received. What Parent Partners do for adult family members, Youth Coordinators do for children. Many of them at some point needed or received services themselves; others participated in plans for their brothers, sisters or parents. This experience helps them understand how to reach out to children and youth effectively.



Youth Coordinators organize group activities and interact with youth one-on-one. They serve as mentors and coaches. Like their more senior counterparts, they are flexible and fill whatever role they need to on Wraparound teams and in Wraparound plans.

No matter what the title of the people you might meet in Wraparound, these are examples of the types of support activities you can expect from a Wraparound team.

## FAQs

### What is Wraparound and where does it come from?

Many people have been part of Wraparound-like efforts without even knowing the word. They have visited the ill and the grieving, shared a hot meal with a person whose life is shaken up or spent time with a hurting friend or family member. Others have been helped through a rough patch of life by friends, family members, neighbors and others. People have been doing things like this for each other since ancient times, across multiple cultures. That's what Wraparound is: people coming together on behalf of people who want or need to improve some aspect of their lives.

As a service option, most people believe that Wraparound started in Chicago, in the 1970's and '80's. State agencies in Illinois, like state agencies all over the United States at the time, arranged to serve some young people with highly complex needs in distant residential treatment centers. When authorities in Illinois discovered that one of these children was chained to a tree for three days at an out-of-state residential treatment center, they arranged to return all the children to Illinois. Kaleidoscope, a Chicago program under the leadership of Karl Dennis, set out to meet the needs of the returning children. Karl and his staff learned quickly that no typical "canned" program was flexible enough to really help these children. These children could only benefit from individualized approaches.



Wraparound began as a way to improve how things actually turned out in their lives.

They also needed families – their own if at all possible and strong substitute families if not. The Kaleidoscope staff found these children's families whenever they could and engaged them with respect and appreciation of their strengths, cultures and faiths. Even when the children lived with a substitute family, everybody involved made sure that their families of origin were as involved as they could be and that their relationships with their children were nurtured and valued.

The short story is this: It worked. In fact, it worked well enough that a lot of people became interested in what Kaleidoscope was doing. Dr. Lenore Behar of North Carolina coined the term Wraparound in the early 1980s to describe individualized services like those pioneered at Kaleidoscope.<sup>23</sup> Soon, many states, provinces and counties offered Wraparound to interested consumers and families.

The federal government also played an important role in making Wraparound available in communities across the United States. The work of Ira S. Lourie, MD. and others in the Child and Adolescent Service System Program (called by its initials: CASSP), was a driving force in establishing systems of care in many areas. They included Wraparound as a key feature in these systems.<sup>24</sup> Now, much of the development of local systems of care is facilitated by the Substance Abuse and Mental Health Services Administration (also called by its initials: SAMHSA and usually pronounced Sam-Sa), another part of the federal government.

The other very significant force in making Wraparound available was the emerging parent advocacy movement, nationally at the Federation of Families and in nearly every state as well. As parents (and other family members) organized, they pressed funders, assessors, legislators and providers to offer Wraparound and to provide it at the highest levels of quality.

There were – and still are – quite a few programs that are not exactly Wraparound but are like it in



important ways. These programs now serve both children and adults across multiple situations and disabilities and Wraparound continues to grow.

## Does Wraparound work?

That only sounds like a simple question but the answer to it often depends on where you live or which program serves your family and the competence and dedication of the practitioners around you. Before the success of Wraparound can be measured, you have to find out if it's just business as usual with a new name or best practice Wraparound, a truly different approach to how you and your family are served. People now mean dozens of different things when they use the term.

The first people to look at how effective Wraparound is were the late Dr. John Burchard and Dr. Sarah Burchard, both at the University of Vermont. Their results were promising, as was other research.

The best way to find out if Wraparound works is to measure whether or not the people who participate achieve the changes, or outcomes, they wanted or needed to make in their plans. This is called outcome evaluation. It's also important to measure whether or not the people who get Wraparound are satisfied with what they are getting. This is called consumer satisfaction evaluation.<sup>25</sup> Sometimes, programs also keep track of how Wraparound is done to make sure it's best practice Wraparound. This is called process evaluation.



For you and your family, what matters is whether or not your Wraparound plan is working. Again, make sure your plan is achieving the right results and speak up if it's not.

## Why are so many different words used to describe Wraparound?

Wraparound is individualized. That's great for the families that get it but it makes it hard to pin down exactly what, step by step, people will or should do to implement it correctly. Wraparound has been called the Wraparound Process, Quick-Wrap, High Fidelity Wraparound, Wrap Lite, Wraparound with a capital W, wraparound with a small w and lots of other things. It has even been called system of care which is really another idea entirely. Wraparound is a service that's available in systems of care, not the same thing as a system of care.

For most parents, these technicalities aren't really important. No matter what it's called, don't assume that services called Wraparound will be everything they ought to be: best practice. Refer to the values in this guide and talk to other parents and family members about how well or poorly programs in your area work. Most importantly, pay attention to how you and your family are treated, to whether or not people are listening to you, to how well your plan fits and especially, to what your family is accomplishing.

## Why is there a team? Who decides who is on it?

The reasons for teams in Wraparound are:

- You get one, coordinated plan, not several unconnected plans
- The people on the team think together and share information and skills with each other. That usually (not always) leads to better solutions.
- Everybody shares the work to be done which means nobody gets overwhelmed.
- A variety of opinions are available, all at one time.



- You can include people who make you feel better, more confident or provide whatever you need to be comfortable during planning.
- People who work with you get to know about the relationships and the people who are most important to you.
- It's a more efficient approach when several agencies are involved with your child and family.
- You can make sure there's always somebody there to help you stick up for yourself and your family.

As for who is on the team, that is usually your family's choice. Don't be surprised, though, when the people who are helping you and your family push you a little (hopefully politely) to include your family's personal resource people. Wraparound works best when the team includes your natural supports, like your favorite uncle, your best friend, your neighbor or one of your faith leaders.

If you and your family are participating in Wraparound because you are required to, the people who require you to participate may also decide that certain people must be on your team.

What parts of our lives do people get to know about in Wraparound?

If you're an adult, you get to decide what you want to share about yourself, except if you threaten to hurt yourself or somebody else or a court says otherwise (like being required to take urine tests). With children, it depends on their age, where they live and what services they are getting. Some of the people



involved in the Wraparound plan will report what they do when they are with your child to co-workers (i.e., supervisors, consulting clinicians and others) and to you. Others, like doctors and therapists, keep what children tell them private unless, just like with adults, they say they're going to hurt themselves or someone else or the court requires otherwise.

This is called confidentiality. It is the legal right that everybody who participates in services has to privacy. All professional service providers are required to deliberately protect your privacy, even if they have to go out of their way to do so. The only exceptions, as noted, are when there is a risk that someone will be harmed.

## Who is Wraparound for?

When it first became a service, Wraparound was usually reserved for young people, most ages 8-18, who were diagnosed with Severe Emotional Disturbance, SED<sup>26</sup>. This diagnosis means that their problems are serious, that their problems have changed their lives in negative ways and that whatever is troubling them has been going on for six months or longer.<sup>27</sup>

While that happened, other approaches similar to Wraparound became available. Some were for children; others for adults. They were offered to people who had mental illnesses, developmental disabilities and complex medical problems.

Wraparound expanded very quickly when people learned about its potential. Now it's used by courts, child protective services, schools, mental health agencies and others. It's available, in some places, to the very young, the elderly and all ages of people in between.

## What is Wraparound supposed to do?

Wraparound is supposed to help people meet their needs so they can make important changes that improve their lives.



## What can we ask for in Wraparound?

That varies, program to program, and although a number of factors influence what you can ask for, the biggest influence is usually funding. In some areas, Wraparound programs can spend money only on people who have certain diagnoses and not on others. In best practice Wraparound, money can be spent on meeting any needs you and your family have, as long as meeting the needs relates to achieving the specific results – outcomes – (like not hitting anybody or being clean and sober) that you and your family's Wraparound team decided on when planning started.<sup>28</sup> Other programs are designed to meet your and your family's needs whether or not you are working on specific outcomes.

Besides those possibilities, there may be other rules that limit what you can ask for in Wraparound. In some places, you can ask for a ride but not a car. You can ask for help but not if it's help some other group (schools, for example) is already paid to provide.

There may be rules that say you can ask for whatever you want, but only for a period of time. There may also be rules that limit your family to a certain amount of money over a certain amount of time and this will influence what you can ask for as well.

The best way to find out what you can ask for is to let the people who are helping you and your family know that you want to know about any limits in what you can request, as early in the process as possible.

## What are we expected to do in Wraparound?

You and your family will typically be expected to:

- Participate in assessments needed to qualify for Wraparound
- Provide the information decision makers need to determine whether or not you are eligible
- Complete and sign information



- releases and a variety of other documents
- Come to planning meetings
- Follow through with whatever you agree to do at the meetings as best as you can
- Keep people informed about what is going on with you and your family
- Report critical incidents as agreed

You and your family will usually be asked to:

- Include your personal resource people on the team
- Describe how you want things to be different; how things will be when you think life is better, with as much help as you need to describe it clearly
- Describe, again with help, what you need to make those changes
- Listen to and carefully consider the options people present to meet your needs during the planning process
- Try out different strategies and report how well or poorly they worked

You and your family may also be asked to:

- Participate in evaluation and research activities
- Talk about your experience to local decision makers and people who make policy and funding decisions
- Talk to other families about Wraparound



How does Wraparound work with courts? With child protective services?

If courts and CPS (Child Protective Services) are involved in your and your family's life, there will probably be things in your Wraparound plan that you don't control or can't choose. If a parent, for example, believes that certain punishments are appropriate for children but CPS requires that they don't use those punishments, CPS has the final say. If people think it's okay to make money in ways that the law doesn't allow, the law has the final say.

Usually, when legal authorities are involved with a family, the family has fewer choices than they would have if they had volunteered to participate. Often, these families' choices increase as they improve their circumstances and the courts back off because of what the families have accomplished.

What does Wraparound do for people – adults and children – who have mental illness? Disabilities?

Wraparound does the same things for people who have mental illness and disabilities that it does for everybody else: it helps them meet their needs so they can make important changes that improve their lives.

What if my child won't cooperate? What if my child misbehaves?

In Wraparound, problems with children's cooperation and behavior are normal. They are among the issues that get children referred to Wraparound. It's still embarrassing for many parents and family members but try not to let that keep you from fully participating in the process.

What is a strength-based plan?

A strength-based plan is a plan that builds on what you and your family believe, value, appreciate or can already do. If you or your child love a certain type of music, that music may be part of how you manage your grief or anger. If your faith is your anchor, that may be how you learn and are inspired to find the strength you need to face your difficulties and change your life. Strength-based plans "fit" people and that's why they work.



## Closing

We hope that this guide has answered your questions and helped you learn more about Wraparound. It's always wise to do some research when you need information about your choices. Still, you'll have to wait and see what actually happens in your own Wraparound where you live. Keep your standards high and don't let anybody treat you and your family disrespectfully.

Even if something has been wrong in your or your child's life, you have choices. Parents and other close family members are the experts on themselves and their children and you have the right to be heard, as does your child. If you don't feel confident enough to stick up for yourself and your family with all the other people there, bring somebody along to give you more confidence.

There's nothing wrong with wanting the best for your family. Don't settle for less.

Community Partners, Inc.

## CITATIONS

- 1- <http://www.enhancedhealing.com/articles/view.php?article=928>  
<http://www.spitulariver.com/how-to-get-over-those-dismal-relapse-rates/>  
[www.focusonrecovery.net/Relapse.html](http://www.focusonrecovery.net/Relapse.html)  
[www.resourcesnowblog.us/recovery/2007/04improving\\_selfe.html](http://www.resourcesnowblog.us/recovery/2007/04improving_selfe.html)
- 2- Community Partnerships Group, 1995, McMurray, Pennsylvania
- 3- Burns, B.J., and Goldman, S.K. (Eds.) (1999). Promising practices in wraparound for children with serious emotional disturbance and their families. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume IV*. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.
- 4- The National Wraparound Initiative: Exploring and building consensus for wraparound's principles and practice (2005); Walker, Janet S., Bruns, Eric J., Osher, Trina W. <http://www.rtc.pdx.edu/nwi/Tampa2005NWI.pdf>
- 5- Ensuring Fidelity to the Wraparound Process (2003), National Wraparound Institute, History of the Wraparound Process (2003). National Wraparound Initiative <http://www.rtc.pdx.edu/nwi/NWIAboutWraparound.htm>
- 6- David Lewis, All Church Home, Fort Worth, Texas.
- 7- James Wallace, All Church Home, Fort Worth, Texas.
- 8- Kern County Network for Children, Wraparound Services (2005). <http://www.kcnc.org/Wraparound>  
  
Michigan Initiative Helps Children with Emotional Disturbances (2000). Robert Wood Johnson Foundation, Grant Results Report. <http://www.rwjf.org/pr/product.jsp?id=16293&topicid=1236>
- 9- Merriam-Webster's Collegiate Dictionary. Eleventh Edition. [www.goMDM.com](http://www.goMDM.com)
- 10- Karl Dennis and Ira S. Lourie, MD, p.c.
- 11- Karl Dennis, p.c.
- 12- Walker, J.S., Bruns, E.J., VanDenBerg, J.D., Rast, J., Osher, T.W., Miles, P., Adams, J., & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

- 13- National Wraparound Initiative, [www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)
- 14- E. Mary Grealish, M.Ed. *The Wraparound Curriculum*.
- 15- National Wraparound Initiative, [www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)
- 16- E. Mary Grealish, M.Ed. *The Wraparound Curriculum*.
- 17- Bruns, E.J., Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training center on Family Support and Children's Mental Health, Portland State University.  
  
Walker, J.S., Bruns, E.J., VanDenBerg, J.D., Rast, J., Osher, T.W., Miles, P., Adams, J. & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.
- 18- E. Mary Grealish, M.Ed. *The Wraparound Curriculum*.
- 19- James R. Cook, Ph.D., University of North Carolina at Charlotte.
- 20- E. Mary Grealish, M.Ed. *The Wraparound Curriculum*.
- 21- Walker, J.S., Bruns, E.J., VanDenBerg, J.D., Rast, J., Osher, T.W., Miles, P., Adams, J. & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.
- 22- Neil Brown and Patricia L. Miles, Brown Miles, Inc., Portland, Oregon and Columbus, Ohio, Numerous published and non-published writings, 1994-present
- 23- History of the Wraparound process (2003). Focal Point.  
<http://www.rtc.pdx.nwi?NWIAboutWraparound.htm#OVHistory>
- 24- Stroul, B.A. & Friedman, R.M. (1986). A system of care for children and youth with severe emotional disturbances. (Revised Edition). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- 25- Substance Abuse and Mental Health Services Administration.
- 26- Judith W. Katz-Leavy, M.Ed., Ira S. Lourie, M.D., Beth A. Stroul, M.Ed. and Chris Zeigler-Dendy, M.S. Individualized Services in a System of Care.

27- Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington DC, American Psychiatric Association, 1994.

28- E. Mary Grealish, M.Ed., *The Wraparound Curriculum*.

Community Partners, Inc.

Mary Grealish, M.Ed., founder of Community Partners, Inc.  
and author of The Wraparound Curriculum



[www.wraparoundsolutions.com](http://www.wraparoundsolutions.com)  
[www.behavior-solutions.com](http://www.behavior-solutions.com)  
[www.crisisplanningsolutions.com](http://www.crisisplanningsolutions.com)  
[www.supervisionsolutions.com](http://www.supervisionsolutions.com)  
[www.tfc-solutions.com](http://www.tfc-solutions.com)  
[www.theassessmentssolution.com](http://www.theassessmentssolution.com)

Community Partners, Inc.  
105 Robinhood Lane  
McMurray PA 15317  
724.941.9454  
724.941.9556 fax



**Community  
Partners, Inc.**  
Eileen Mary Grealish, M.Ed.